Personality Factors, Self-Esteem and Self-Efficacy among Children of Commercial Sex Workers across Gender

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Introduction

According to Overs (2002), “Commercial sex is the exchange of money or goods for sexual services. It always involves a sex worker and a client and it frequently also involves a third party. Sex work is the provision of sexual services for money or goods. Sex workers are women, men and transgendered people who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex work as their occupation”.

History of commercial sex work

Commercial sex work and commercial sex workers are sometimes also referred to as prostitution and prostitutes respectively and are used interchangeably. Wickman (2012) euphemistically refers to prostitution as the world’s oldest profession. It is also reckoned that prostitution has originated along with the origin of mankind (Advithi, 2018). The earliest history of every country has evidence of the existence of prostitution.

The understanding of commercial sex work in India can be divided into three subparts. They are as follows: - The ancient, the medieval and the contemporary form of sex work. The ancient period of commercial sex work started in the period of the Vedas and continued until the end of the 6th century. Next, the medieval period consisted of the time after the 6th century and continued until the end of the 18th century. The contemporary period is the times that exist now, beginning from the 19th century (Sarode, 2015).

Legislation related to prostitution

Prostitution has led to the violation of human rights and detrimental living conditions of women who are engaged in commercial sex work, it is considered as an important profession around the world. The women in prostitution do not enjoy other employment rights that are enjoyed by people working across distinct fields. The population that is adding up daily to the existing population of sex workers around the country and the world is

colossal and is a million-dollar business idea across the world. In India, the services provided by a commercial sex worker is regulated and governed by the act of parliament, 1986, known as the Immoral Traffic Prevention Act (ITPA) which is an amendment of The Immoral Traffic (Suppression) Act, 1956.

The Ministry of Women and Child Development, through the premier legislation of ITPA, promises safety and freedom to the sex workers. The act encompasses sections that provide an opportunity for rescue and rehabilitation of individuals who are coerced and trafficked for the means of sex work. The act provides penal sanction against various activities associated with sex work. It also describes the role of a protective home for rehabilitation. The right to life protected under Article 21 of the constitution is also applicable to a sex worker (Darji, 2019).

Decision making of female sex workers in conceiving

The nature of profession of sex workers is such that, it can lead to unintentional or intentional pregnancies amongst them and women in sex work are prone to conceiving. Female sex workers conceive and decide to have children in completely diverse situations. Some of them are unaware of contraceptive measures and medical termination of pregnancy, while some decide to not abort the child, because of their sole desire of having a child. A number of them get into serious relationships with their clients who ultimately betray them after having a prolonged sexual relationship with them, and are therefore left all alone to bring up the child on their own. In these types of liaisons, the men start as clients but eventually form serious long-term relationships with these women. These women seek love and affection from a stable partner who would be able to support them emotionally and give them a family life that they desire for. But studies report that most of these relationships are short-lived, and the sex workers are always jilted by their male partners. This eventually leads them to adopt the dual role of being a mother and a sex worker, taking the responsibility of

bringing up the child, making decisions for the child, showering them with love and affection. When in such relationships the female sex workers do not use condoms constantly which make them vulnerable to sexually transmitted diseases and unintended pregnancy. There are also situations when they are offered a higher amount of money if they abstain from using condoms, while some men threaten them with violence if they act adamant on using condoms (Duff, Shoveller, Zhang, Alexson, Montaner, & Shannon, 2015). As a result, they often conceive unintentionally.

Children of Commercial Sex Workers

The world challenges us with a painful but irrefutable reality. The lives of millions of children are wrecked 'for no other reason than the country, the community, the gender or the circumstances into which they are born' (UNICEF, 2016). One such group of children who have been suffering due to the circumstances of their birth are the children of commercial sex workers. Children of sex workers are a 'new vulnerable population' (Maynard, 2011) and the 'most marginalised within society' (Islam, 2014).

Trapped in an industry affecting their health, their lives, and their futures, the children of commercial sex workers, are deprived, vulnerable and marginalised in the society due to the profession of their parent. They are denied the opportunity to be free of their background and are deprived of an environment conducive to healthy physical and psychological development. The children suffer from nutritional deficiencies, minimal health care, non-availability of basic needs, and are social handicaps (Das, 1991). They are rejected by mainstream society and thus deprived of opportunities to socialise with other groups of children. They experience a sense of shame about their origin, either as a consequence of their direct participation in the world of prostitution or just by association. They are seen as 'dirty, uncouth, unwanted, jaroj (bastards), harami (whore kids)' and are agonized significantly from social stigma and discrimination (Islam, 2014). Their identity as an

individual is often restricted to them being children of sex workers. The society's opinion on these children is such that they promote hatred for a child of a sex worker as they consider sex workers unfit to participate in civil society. Unlike the privileged children, these children do not have the social or cultural capital and hence children of sex workers are seen as weaklings of the society (Wieringa, 2014).

Challenges Faced by the Children of commercial sex workers

The challenges faced by the children of commercial sex workers are manifold. Sex work has a dangerous effect on the lives of the children in the trade and children growing up in the brothel. There is a restriction of access to fundamental rights such as equality and education. The stigma associated with sex work extends to the children of sex workers leading to the "denial of essential rights such as the right to education and information, healthcare, housing, social security and freedom from mental and physical abuse" (Bhargava, 2019). A substantial amount of research conducted on the children of commercial sex workers also reveals particular hazards that affect these children including "separation from parents, sexual abuse, early sexual debut, introduction to sex work as adolescents, low school enrolment, psychosocial issues arising from witnessing their mothers' sexual interactions with clients, and social marginalization" (Beard et.al, 2010).

Gender differences in challenges faced by the children of commercial sex workers

Research studies disclose that the challenges faced by these children are gendered in nature. Girl children of female sex workers are more vulnerable to sexual abuse, premature sexual debut, being spectators to the sexual activities of their parents, being prepared to enter sex work, and human trafficking (National Research Council, 2013). There is a tendency of sex work being passed onto the girl child by her parent as a family profession for some girl children, while for others it is taken up due to the absence of any other livelihood option (Bhargava, 2019). The boys in the brothels work as errand boys for domestic chores and in

assisting their mother's or other sex worker's clients, they work with people operating a business in liquor, eateries and other shops in the community to earn money to meet their personal needs (Adhikari, 2014; Adhikari, 2016).

Role of social capital to reintegrate the children of commercial sex workers into the mainstream society

Along with providing for physical needs, it is imperative to meet the psychological needs of the children of sex workers. In such a context, the importance of social capital cannot be understated. The children of commercial sex workers have scarce community and social networks that can offer help and is usually combined with dysfunctional family relations. The association of these children with brothels causes social isolation and leads to poor social integration (Kojan & Clifford, 2018). They have a deficient social capital which is a byproduct of sociability. The benefit of living in a society can be yielded only with the presence of a strong social capital. This is not to say that the children have no social capital, the point of departure is to enhance social capital to reintegrate the children of sex workers into the larger society. In a positive scenario, the children of sex workers may have a privilege to experience bonding social capital within the community but are deprived of a bridging social capital to create and strengthen the link between them and the society at large.

Although attempts to motivate and empower the children of sex workers are in progress through public aid and welfare organisations, there is an existing unfound social sanction. With tremendous efforts, attempts to reintegrate the children of sex workers with their real identities into the society at large have not been encouraging, due to the mental block of the society leading to the concealment of identity of these children.

Theoretical framework and variables of the present study

Cattell's trait theory of personality

Trait-based personality theories are an important theoretical area in personality psychology. A trait is a relatively "stable characteristic that causes individuals to behave in certain ways" (Cherry, 2019a). Individuals with specific personality traits experience predicted outcomes better than other factors (Roberts et al., 2007). The acquisition of these attributes may be a result of unique personal experiences or because of the shared experiences with others. The importance of social and environmental factors in shaping personality cannot be ignored and the influence of gender and ethnic background cannot be minimized (Hopwood et al., 2011). Research evidence suggests that the socio-cultural environment in which the child is raised affects personality (Rubin & Menzer, 2010).

The children of commercial sex-workers are immensely affected by the psycho-social adversity caused due to the discriminatory treatment by the society. The lack of a nourishing environment and constructive association with society influences the development of personality traits among these children. Gender is also an important factor that influences personality traits. Gender acts as an important predictor to understand the susceptibility and response to psychosocial adversity such as stressors, negative life outcomes, social roles and status, socio-economic disadvantage and mental health (WHO, 2013). Both boys and girls raised in the brothel have unique and distinct gender-based experiences that are chronic which impacts the personality of the child. As a result, they develop personality traits that set them apart; they possess a sense of collective identity and shared burdens and have mutual social rules about who belongs with them and who does not (Reddy, 2018). A malicious circle is formed in which the lack of positive and supportive relationships prevents them from participating in social life, which in turn leads to further isolation. This has a tremendous

impact on the development of the personality (Saksena, 2014). Hence, personality factors was considered as a variable for the present study.

Rosenberg's theory of self-esteem

Self-esteem is the subjective evaluation of one's self-worth (Gecas 1982; Rosenberg 1990; Rosenberg et al. 1995). It is an estimate that individuals pass on themselves. This estimate is ordinarily experienced by a person and is not a conscious, verbalized judgment, but is a feeling which cannot be identified and isolated due to its constant presence. According to Rosenberg (1965b), self-esteem is the "totality of the individual's thoughts and feelings with reference to himself as an object". The evaluation of the person is largely based on the structure of the society and the position of a person in the society based on socio-ethnic-economic status and affiliation to institutions like family relate to the level of self-esteem of an individual. Individuals evaluate themselves by affixing values to their personal qualities to determine their worthiness and competence (Schaffer, 2006) in comparison to their peers (Rosenberg, 1976).

The children of commercial sex workers are constantly bombarded with situations in which they are expected to assume full responsibility and carry on gender defined roles. The effect on self-esteem when confronted with a negative circumstance is also influenced by the gender of the person. Gender differences in self-esteem are governed by the cultural perspectives and social forces acting on the individual (Orth & Robins, 2014). The girls are expected to be inducted into sex work as soon as they attain puberty and boys are supposed to earn a living from childhood through any means. These gender roles are intergenerational and have an effect on the subjective and psychological well-being, cumulatively on the self-esteem of the person (Boyd, Otilingam & DeForge, 2014). Gender and self-esteem play a crucial role in social adjustment which in turn affects the quality of life (Konrad et al., 2012). Hence, self-esteem was considered as a variable for the study.

Bandura's theory of self-efficacy

Self-efficacy is "…the conviction that one can successfully execute the behaviour required to produce the outcomes" (Bandura, 1977). The ability to choose a direction in life rests with the acquisition of personal agency in a recalcitrant world. This personal agency refers to a person's 'capability to originate and direct actions for a given purpose' and is influenced by the belief in the efficiency in execution of specific tasks, which is termed self-efficacy (Zimmerman & Cleary, 2006).

Every person will choose a life path that they believe and are within their capabilities and that can succeed while coerced options fail the test of sustenance. (Bandura, 1994; Pajares, 2006). Self-efficacy beliefs are created by engaging in a behaviour, analyse the actions and use the result to interpret the behaviour as an efficacious action. Further, the individual will create a belief about their ability to engage in subsequent situations that demand a similar behaviour. The environment in which the children of sex workers are raised does not permit them to demand or choose actions leading to further marginalisation and enfolds them into a continuous cycle of social exile (Green, 2010). The children of sex workers are bound by gender stereotypes and have limited opportunity to combat gender related barriers (WHO, n.d.). Children of commercial sex workers lack opportunities to make choices in life. The absence of opportunities to explore their potential despite the yearning to display efficacious actions creates a paradox in the lives of these children. These children lack opportunities to develop self-efficacy beyond the conventional gender roles that are predetermined. Most opportunities that can act as sources to enhance self-efficacy like 'familial sources' through 'parental responsiveness', 'peer influence', social affiliation and mastering capabilities to achieve aspirations through school (Bandura, 1994) remain inaccessible to create and develop self-efficacy beliefs making it harder to face life. Hence, self-efficacy was considered as a variable for the present study.

Research Question

It has been established that the complex interaction of personality factors (Hopwood et al, 2011; Leary, 2019), self-esteem (Weber, 2001; Raevuori et al., 2007) and self-efficacy (Pajares, 2002; Bandura, 2010) with the environment can influence all spheres of development of children. Since environment exerts a greater influence and accounts for a greater percentage of manifestation of personality traits, it is essential for individuals to interact in a positively stimulating healthy environment that the children of commercial sex workers typically lack. Personality traits contribute to the level of self-esteem and self-efficacy in a person (Bramante, 2015). Personality factors influences the utilization of potential opportunities to involve in efficacious activities which increases self-esteem. Hence, the present study was conceived to identify the personality traits, assess the level of self-esteem and self-efficacy among the children of commercial sex workers.

Review of Literature

Prevalence of commercial sex workers and children of commercial sex workers in India

In India, commercial sex work is a fragment of a greater network of unlawful activity and is a multi-million-dollar business. Even though operating commercial sex work in a brothel is illegal in India, the country still has Asia's largest red-light area called Kamathipura (Karandikar, 2008; Menen, 2007).

The prevalence of women in commercial sex work cannot be accurately described because the number of commercial sex workers involved in commercial sex work changes regularly. According to the annual report, 2014-2015 of Ministry of Women and Child Development, Government of India, the magnitude of trafficking is huge and to estimate the prevalence is difficult due to the clandestine nature of the crime. The stigma attached to prostitution makes it even more difficult to collect authentic numbers. However, based on studies conducted by the ministry from time to time, it is estimated to be 3 million. According

to UNAIDS' country report in 2018, there are 657800 sex workers in India. According to Prerana, an anti-trafficking organization based in Mumbai, India, more than 95 percent of commercial sex workers have biological children. A report by the National Human Rights Commission for the year 2008-2009 reveals that there were 5.4 million children of commercial sex workers in India, most of whom live with their mothers in the red-light area.

Childcare practices of women in commercial sex work

Commercial sex workers bear children out of a desire to enter into a tangible human relationship that is genuine, meaningful, and lasting. Sometimes children are economic and emotional necessities (Das, 1991).

Children of commercial sex workers are born with stigma due to the profession of their mothers. The social identity of the mother is lost and she is often categorised as a prostitute. These children are typically born at a government hospital and the mother goes back to her job 6-8 weeks after the birth of the child. Due to the importance of the mother's physique in the trade, the baby is not breastfed for more than 2 months. Since the mother also returns to her job, the baby does not receive any maternal affection and is generally taken care by a surrogate mother. Once the child starts moving, he/she is usually left outside the mother's room and starts forming bonds with the other members in and around the locality. The child typically is seen playing with members of the locality and enjoys the occasional affection and care from the neighbours. The children do not understand the authority of fatherhood as the fathers' involvement is insignificant or absent. (Adhikari, 2016)

Social Challenges faced by children of commercial sex workers

Ministry of Women and Child Development, New Delhi, Government of India, set up a committee on prostitution, child prostitutes and children of prostitutes in 1998. The committee concluded that the major contributory factors for the commercial sexual exploitation of women and children were poverty and unemployment or lack of appropriate

rehabilitation. The women and child victims were in an impoverished condition, trapped in the stranglehold of organized criminal networks, with massive financial revenue including a variety of operators starting from pimps, house-owners, brothel keepers, taxi drivers, hotel managements, industrial interests and the local police. Patil et al., (1999) report that the children of prostitutes lived in an environment which exposed them to gambling, addiction and physical harassment of mothers by customers. It was also reported that the girl children were especially vulnerable. The child also grieves the lack of educational opportunities, economic support and fails to understand the definition of social roles and affectional relationships (Adhikari, 2016).

Health and development of children of commercial sex workers

A descriptive study was conducted in Vijayawada to analyse the physical, psychological, social and overall development of children of female sex workers. It was found that establishing satisfying and meaningful peer relationships can be used as a way to tackle the behaviour problems that are found among these children. It was also reported that education was a way to distance children of sex workers from child labour. Others variables that contributed positively to the development include religion, the influence of media and services preferred by the mother (Anandraj, 1999).

A study by Willis, Welch and Onda (2016) brings into light the importance of proper health care facilities that need to be provided to female sex workers, failure of which will result in unpreventable morbidity and mortality. It also mentions that the health and well-being of female sex workers and their children are highly neglected.

Personality of the children of commercial sex workers

It is difficult to identify the children of commercial sex workers as sex work is illegal in most countries. These children remain hidden from the public eye, thus increasing the vulnerability and marginalization of these children (Beard, et al, 2010). Due to a limited

number of studies that have identified specific trends of personality unique to the children of commercial sex workers, this review has used studies that were conducted on other groups of marginalized children to understand and draw similarities on how various factors affect the continuous development of their personality.

When considering the factors that may affect the development of personality in marginalized children, the Encyclopaedia of Children's Health says, "…social influences such as peer pressure, parental support, cultural and religious background, socioeconomic status, and interpersonal relationships help to shape personality and influence the psychological makeup". Supporting this view, a study by Shehzadi in 2017 showed that marginalized children who face violence, abuse, alcoholism, neglect and poverty develop negative traits of personality. They become hostile, egotistic and impulsive.

Self-esteem of children of commercial sex workers

The stigma of being associated with commercial sex work is powerful and rampant. Many studies have explored the depth of the stigmata that commercial sex workers face, and its effects on their lives (Hammond, 2015; Birch, 2015; Benoit, Jansson, Smith & Flagg, 2018). In a study conducted by Kalemi et al. (2017), it was found that sex workers suffered from a lower self-esteem due to the interaction between the stigma and their self-efficacy, which effectively showed them that they had no power in controlling their environment, which negatively affected their self-concept and self-esteem. Another review showed that internalised stigma in sex workers and people associated with them has been linked with effects like lower self-esteem, self-doubt and depression (Wong, Holroyd & Bingham, 2011).

Self-Efficacy of children of commercial sex workers

A study conducted by Dercon and Krishnan in 2009, focusing on four countries including India, found that the self-efficacy of children was significantly affected by the material well-being of the family with which they grew up. Another study by Dercon and

Sanchez (2013) found that poor nutrition as a result of poverty in childhood can affect the development of self-efficacy in children. The education of caregivers is also correlated with the psychosocial competencies of these children, including their self-efficacy, which may be able to foreshadow the transmission of poverty across generations in groups such as the children of sex workers (Dercon & Krishnan, 2009).

Rationale for the present study

Children of commercial sex workers face exclusion and disapproval because of their mother's profession. Denial of opportunity leaves them with no choice other than continuing the trade. Most available literature in the Indian setting focuses on commercial sex workers and the studies focusing on the children of commercial sex workers are abysmally low. Research on children of commercial sex workers have been mostly limited to identifying the prevalence (Mukherjee and Das, 1996; Patil et al., 1999), understanding the social problems and challenges, and healthcare facilities. Most available literature focuses on the sociological issues involved around children of commercial sex workers and little or no attention is paid to consequence that may arise as a result of the social problems and challenges, poor healthcare facilities, lack of opportunity due to marginalisation and discrimination. According to the UNAIDS (2017), commercial sex workers are one of the four “most at risk population” and the children growing up with one of the most at-risk population are also prone to emotional vulnerability.

In an attempt to fill the gap in existing literature, the present study attempts to understand the psycho-social issues of the children of commercial sex workers. Psychosocial variables are defined as any quantifiable measure of children’s characteristics, and their family and community environments. These variables can either be at an individual level, familial level or community level. Individual-level variables refer to the traits, attitudes or abilities of an individual, family-level variables refer to the family or household environment,

including parent's characteristics and relationships with children and community-level variable refer to the neighbourhood and broader community, including peer relationships and school-based variables (Young et al, 2017). The present study aims to understand the psycho-social variables at an individual level among the children of commercial sex workers. The study intends to assess the personality factors, concept of their own self-worth (self-esteem) and belief in their ability to achieve specific goals (self-efficacy) among children of commercial sex-workers.

Adolescence being a difficult phase of transition from childhood to adulthood, the development of self-esteem and self-efficacy, will prepare them to deal with potential adversity that may arise. Coping with social risks which the children of commercial sex workers are vulnerable to will require them to identify the ability within themselves to recognize positive resources and opportunity available. The coping process is determined by the self-belief an individual possess (Nunez and Helga, 2015). Failure of which could result in negative self-beliefs that form the core of their personalities, the choices they make may lead towards the same paths their parents have chosen, with many girl children becoming sex workers like their mothers, and the boys continuing the pattern of poverty, substance abuse and being forced into jobs that are auxiliary to commercial sex work. Hence the study aims to identify the difference in personality factors, assess the levels of self-esteem and self-efficacy among children of commercial sex workers across gender.

Method

Aim

1. To assess the psycho-social issues of children of commercial sex workers

Objectives

1. To identify the personality factors of children of commercial sex workers across gender

2. To assess the level of self-esteem of children of commercial sex workers across gender
3. To assess the level of self-efficacy of children of commercial sex workers across gender
4. To understand in-depth the lives of children of commercial sex-workers

Hypotheses

H_{o1}There is no significant difference in personality factors among children of commercial sex workers across gender

H_{o2} There is no significant difference in self-esteem among children of commercial sex workers across gender

H_{o3} There is no significant difference in self-efficacy among children of commercial sex workers across gender

Operational definition

Commercial sex worker - Commercial sex workers in the present study are operationally defined as women who are actively involved in brothel-based prostitution.

Variables

Independent Variable

- Gender

Dependent Variable

- Personality Factors
- Self-Esteem
- Self-Efficacy

Research Design

The study adopts participant selection model of sequential explanatory design. The purpose of this design is that qualitative data helps explain or build upon initial quantitative results (Cresswell, 2006).

Sample

The purpose of the study and its appropriate design and approach for data collection had been determined. Hence, the sampling frame has been limited to participants between the age range of 16 years to 18 years and is restricted to the geographical boundary of Hanuman Tekadi, Bhiwandi, Mumbai, India. A sample of 100 participants was selected using the purposive sampling technique. The sample comprised of 35 boys and 65 girls between the age range of 16 years to 18 years.

Inclusion Criteria

1. Biological children of commercial sex workers
2. Children who are aware that their mother is a commercial sex worker
3. Children who live in a shelter or hostel away from the mother and everyday brothel influences

Exclusion Criteria

1. The children who were born before the mother became a commercial sex worker
2. The children whose mother has quit involving herself in commercial sex work.
3. Children whose mother was a commercial sex worker but has died now.

Tools and Technique

The following tools were administered to the participants to obtain data

Sl. No	Tool	Author	Year
1.	16 Personality Factors Form C	Raymond B Cattell	1949
2.	Rosenberg Self-Esteem Scale	Morris Rosenberg	1965
3.	Self-Efficacy Scale	Sherer et al	1982
4.	Unstructured Interview Schedule	Researcher	2018

Procedure

The participants were contacted through an NGO located in Mumbai that works for the welfare and rehabilitation of children of commercial sex workers. The purpose of the study was explained to the director of the organization and oral consent was obtained. Dates were scheduled for data collection depending on the availability of the participants. The researcher met all the participants individually, explained the purpose of the study and written informed consent was obtained from all participants. The duration of the process of data collection was from August, 2017 to March, 2019 (19 months).

A pilot study was conducted with thirteen participants to assess the feasibility of administering the quantitative tools, to determine the adequacy of the data obtained and the efficiency of the chosen tools, to approximate the time required for each participant to answer the tools and to determine the availability of the sample. From the pilot study, it was established that the participants were able to read, comprehend and respond to all the items of the tools. The pilot study did not yield any significant information in the socio-demographic data sheet as a majority of the participants were unaware of their ancestral origin, religious affiliation of self and mother, household income and father's identity. The researcher retained

the socio-demographic data sheet with minor modifications. Initially, thematic apperception test was chosen along with the other tools to assess the need and press of the participants. After the pilot study, the scale was dropped from the study as some of the participants merely described the pictures while some were reluctant to write stories.

The process of data collection was split into two phases.

Phase 1: Quantitative data collection

In the first phase of the process of data collection, quantitative data was collected. Rapport was established with the participants and the socio-demographic details were obtained. The tools were administered in ascending order with respect to the number of items. Rosenberg Self-Esteem Scale was administered to the participant initially followed by Sherer's Self-Efficacy Scale and 16 Personality Factors Questionnaire as the last quantitative tool. The sequence of administration was uniform for all participants. The obtained raw data was organised, structured, scored and interpreted to draw conclusions.

Phase 2: Qualitative data collection

In the second phase of the process of data collection, the researcher assigned codes to the participants. The participant's profiles were categorised based on the scores obtained by them in Rosenberg self-esteem scale and Sherer's self-efficacy scale. Purposive selection of participants was carried out from each category for the interview. The criterion for selection of participants from each category was their willingness to participate in the interview.

The participants were seated comfortably; oral consent to participate in the interview was reaffirmed. The interview began with inquiry of demographic details and continued towards understanding the background and other related issues as expressed by the participants. The researcher ensured to maintain high levels of sensitivity and was cautious to prevent intentional harm and avoid potential harm.

A debriefing session was conducted to identify any emotional issues that could have cropped up due to the probing during the interview sessions. The participants were not deceived regarding the purpose of the study; however, if the participants had any queries about the nature, purpose and implication of the study, it was clarified to them. The findings of the quantitative data of the individual participant were disclosed to them when requested. The researcher ensured and adopted measures for the welfare of the participants. For instance, a participant was referred to an expert for guidance to pursue his career ambition, the researcher requested the caretaker of the shelter home to intervene with the parents of a participant to permit her to continue education.

Ethical Consideration

1. The present study has been approved by the doctoral committee of Mangalore University.
2. The researcher has explained the purpose of the study to the head of the NGO and obtained oral consent.
3. Written informed consent from each participant was obtained.
4. The participants were made aware of their 'right to decline or withdraw participation' at any phase of the study.
5. The participants were assured of confidentiality and that the obtained data would be used for the purpose of research only.

Analysis of data

Quantitative data

1. Shapiro-Wilk Test was used to test the obtained data for normality.
2. Independent t test was used to analyse the significance of the difference between boys and girls on different variables whenever the data met the criteria of normality.

3. The data which did not meet the criteria for normality was tested for significant difference using Mann-Whitney t-test.

Qualitative data

1. The obtained data was subjected to thematic analysis.
2. The data was coded to derive frequently occurring themes for every case.
3. Recurrent themes from all cases were identified to arrive at the predominant themes.

Major Findings of the study

I. Demographic data

- Among the participants, 65 percent were girls and 35 percent were boys.
- Majority of the participants were 16 and 17 years old.
- Most boys have a friendly relationship with their mother when compared to the girls.

II. Hypotheses Testing

- Girls have higher abstract thinking ability while the boys have a concrete thinking pattern.
- Girls are bolder and venturesome while boys are shy and hesitant.
- Girls are self-reliant and realistic while the boys are more tender-minded and sensitive.
- Girls are self-assured, secure and untroubled while the boys are more apprehensive, guilt-prone and insecure.
- Girls have higher self-control, are orderly and socially precise while the boys are flexible, disorganized and are careless of social rules
- Girls have significantly lower levels of anxiety than boys.
- Majority of the participants have average level of self-esteem,
- Girls have higher levels of self-esteem when compared to boys.
- Majority of the participants have average level of self-efficacy.

- Girls have higher levels of self-efficacy when compared to boys.

III. Findings from qualitative data

- The themes derived from analysing the interview with a participant who is an 18 years old girl, with average self-esteem and low self-efficacy are equivocal relationship with mother, anticipatory anxiety, disgust towards commercial sex work and perceived mental block of society.
    - The Participant has an ambivalent relationship with her mother.
    - The participant is protective about her mother and at the same time is displeased with her mother's advice which causes annoyance.
    - The participant is anxious about her future.
    - The participant reckons that she is not good at executing any skill for a livelihood.
    - The participant expresses her abhorrence toward commercial sex work.
    - The participant fears that the society's perception towards her might hinder her growth.
- The themes derived from analysing the interview with a participant, who is an 18 years old girl, with average self-esteem and high self-efficacy are perspicacious, disgust towards commercial sex work, appreciative about mother and protective about mother.
    - The participant is aware about the implications of her social status and social identity.
    - The participant has high levels of self-efficacy and the finding is complimented by the interview. The participant is aware and believes in her ability to produce desired results.
    - The participant expresses her detestation towards commercial sex work.

- The participant takes pride in her mother as she is the most recognised in the brothel.
- The participant is protective about her mother and shares a friendly relationship with her.

IV. Findings from supplementary cases

The Influence of social environment on two children of a commercial sex worker, one of whom lives with his mother while the other lives away from his mother in a hostel.

- The participant who lives in the brothel with his mother approves his mother's profession, expresses compliance with his life, feels guarded in the brothel and has developed a sense of complacency in life.
- The participant who stays in a hostel away from his mother and the brothel accepts his mother but does not approve her profession, finds his family dysfunctional when compared to families not influenced by the brothel, possesses a feeling of uncertainty, and anticipates a better future.
- The participant who grew up in the brothel had an early exposure to substance while the participant who lives in a hostel away from the brothel reports that he is a teetotaler and seldom had an exposure to substance.
- Both participants are protective and care for their mother.
- Both participants reckon that the society is prejudiced towards them.

Life Experience of an Orphan Child from the Brothel

- The narrator has suffered intense loneliness, a lack of identity, pain, grief and displacement.
- The narrator grieves the absence of familial bond in his life.
- The narrator expressed disgust towards commercial sex work.
- The rescue team and the nun of the NGO have a significant place in the narrator's life.

Implications of the study

- The findings of this study highlight the need for an alternative care system for children of sex workers away from the everyday influences of the brothel.
- The study also calls attention to shift the boys just like the girls from the brothel to a shelter as early as 3 or 4 years of age.
- The study highlights the need for a trusted significant adult in alternative care systems to provide adequate social and psychological support.
- The findings of the study can be used to develop long term rehabilitative programmes for the children of commercial sex-workers.
- The findings of the study can be used to draft policies for the welfare of children of commercial sex-workers.

Assumption

- It is assumed that all participants have answered the quantitative tools honestly.
- It is assumed that the participants have responded to the interview honestly and candidly.

Limitation of the study

- Socio-demographic details such as ethnicity and socioeconomic status could not be assessed as the participants were unaware of the same.
- Awareness about the identity of the father was not considered in the study.
- The number of years participants have lived in hostels or shelter homes was not considered for the study.
- Access to boys was more difficult than girls. Hence the sample size of boys and girls could not be proportionate.

- Since most of the participants have faced discrimination due to the stigma associated with the profession of their mothers, they were not willing to participate in the interview due to the fear of being judged.

Scope for further study

- The study can be conducted by considering other relevant psychological variables such as resilience, well-being and trauma.
- A concurrent triangulation design can be adopted to understand the lives of children of commercial sex-workers across a broader spectrum.
- The study can be conducted among early and middle adolescent children of commercial sex workers to understand age-specific issues.
- A longitudinal study can be conducted to understand the perspectives to life across different developmental stages.

References

Advithi. (2018, February 14). Prostitution originated along with the origin of mankind!!! Here's a brief history of sex trade in India. Retrieved May 2, 2020, from https://postcard.news/prostitution-originated-along-with-the-origin-of-mankind-heres-a-brief-history-of-sex-trade-in-india/

Adhikari, H. (2014). Development of boyhood in female sex workers' family—a representation of their vicious cycle. World, 1(1).

Adhikari, H. (2016). Children's participation decision making process in the family affairs of female commercial sex workers (FCSWS) and its' impact. Journal of Alternative Perspectives in the Social Sciences, 8(1), 99-111.

Anandraj, H. (1999). Development of Children of Female Sex Workers in Vijayawada. Indian Journal Of Social Work, 552-565.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84(2), 191-215. doi: 10.1037/0033-295x.84.2.191

Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], Encyclopedia of mental health. San Diego: Academic Press, 1998).

Bandura, A. (2010). Self-efficacy. The Corsini encyclopedia of psychology, 1-3.

Beard, J., Biemba, G., Brooks, M., Costello, J., Ommerborn, M., & Bresnahan, M. et al. (2010). Children of female sex workers and drug users: a review of vulnerability, resilience and family-centred models of care. Journal Of The International AIDS Society, 13(Suppl 2), S6. doi: 10.1186/1758-2652-13-s2-s6

Benoit, C., Smith, M., Jansson, M., Magnus, S., Flagg, J., & Maurice, R. (2018). Sex work and three dimensions of self-esteem: self-worth, authenticity and self-efficacy. Culture, health & sexuality, 20(1), 69-83.

Bhargava, S. (2019, December 2). A Hurdle in the Shadows: Providing Education to the Children of Sex Workers. Retrieved April 22, 2020, from https://thebastion.co.in/politics-and/education/a-hurdle-in-the-shadows-providing-education-to-the-children-of-sex-workers/

Birch, K. (2015). Neoliberalism: The whys and wherefores… and future directions. Sociology Compass, 9(7), 571-584.

Boyd, J. E., Otilingam, P. G., & DeForge, B. R. (2014). Brief version of the Internalized Stigma of Mental Illness (ISMI) scale: Psychometric properties and relationship to depression, self esteem, recovery orientation, empowerment, and perceived devaluation and discrimination. Psychiatric Rehabilitation Journal, 37(1), 17.

Bramante, A. C. (2015). Correlation between self-esteem, self-efficacy, personality, fear of success, and self-defeating behaviors of performing artists.

Cherry, K. (2019a). The Trait Theory of Personality. Very Well Mind. https://www.verywellmind.com/trait-theory-of-personality-2795955#citation-1

Cresswell, J. W. (2006). Choosing a mixed method design. 04-cresswell (Designing) 45025. qxd 5/6/2006 8.35 pm pp62. Retrieved from http://rds. epi-ucsf. org.

Darji, P. (2019, November 19). Prostitution in India. MyAdvo.in. Retrieved May 12, 2020, from https://www.myadvo.in/blog/prostitution-in-india-read-its-causes-legality-and-law/

Das, D. (1991). Giving the children of prostitutes their due. ICCW news bulletin, 39(3-4), 31.

Dercon, S., & Krishnan, P. (2009). Poverty and the Psychosocial Competencies of Children: Evidence from the Young Lives Sample in Four Developing Countries. Children, Youth And Environments, 19(2), 138-163.

Dercon, S., & Sánchez, A. (2013). Height in mid childhood and psychosocial competencies in late childhood: Evidence from four developing countries. Economics & Human Biology, 11(4), 426-432.

Duff, P., Shoveller, J., Chettiar, J., Feng, C., Nicoletti, R., & Shannon, K. (2015). Sex Work and Motherhood: Social and Structural Barriers to Health and Social Services for Pregnant and Parenting Street and Off-Street Sex Workers. Health care for women international, 36(9), 1039–1055. https://doi.org/10.1080/07399332.2014.989437

Encyclopedia of Children's Health. (n.d.). Psychosocial personality disorders. Retrieved March 31, 2020, from http://www.healthofchildren.com/P/Psychosocial-Personality-Disorders.html

Gecas, V. (1982). The self-concept. Annual review of sociology, 8(1), 1-33.

Green, D. M. (2010). The paradox of self-determination for marginalized individuals. Social Work & Society, 8(1), 171-176.

Hammond, N. (2015). Men who pay for sex and the sex work movement? Client responses to stigma and increased regulation of commercial sex policy. Social Policy and Society, 14(1), 93.

Hopwood, C. J., Donnellan, M. B., Blonigen, D. M., Krueger, R. F., McGue, M., Iacono, W. G., & Burt, S. A. (2011). Genetic and environmental influences on personality trait stability and growth during the transition to adulthood: A three-wave longitudinal study. Journal of personality and social psychology, 100(3), 545.

The Immoral Traffic (Prevention) Act, 1956. Indiankanoon.org. (2020). Retrieved 29 September 2020, from https://indiankanoon.org/doc/69064674/.

IPAT Staff. (1991). Administrator's Manual for the 16 PF (4th ed.). Psycho-Centre.

Islam, T. (2014). Promoting Resilience in 'Sex Worker'Children: The Role of Residential Childcare Institutions in Bangladesh. Institutionalised Children Explorations and Beyond, 1(1), 33-44.

Kalemi, G., Gkioka, S., Tsapatsari, P., Tzeferakos, G., Kandri, T., Psarra, M. L., ... & Douzenis, A. (2017). Stigma and self-esteem: A case of HIV-positive sex-workers. Psychiatrike= Psychiatriki, 28(1), 67-74.

Karandikar, S. (2008). Need for developing a sound prostitution policy: Recommendations for future action. Journal of Interdisciplinary & Multidisciplinary Research, 2(1), 1-6.

Kojan, B. H., & Clifford, G. (2018). Rights-Based Practice and Marginalized Children in Child Protection Work. In Human Rights in Child Protection (pp. 167-183). Palgrave Macmillan, Cham.

Konrad, A. M., Moore, M. E., Doherty, A. J., Ng, E. S., & Breward, K. (2012). Vocational status and perceived well-being of workers with disabilities. Equality, Diversity and Inclusion: An International Journal.

Leary, M. (2019). The Role Of The Environment In Shaping Personality. [online] The Great Courses Daily. Available at: <https://www.thegreatcoursesdaily.com/the-role-of-the-environment-in-shaping-personality/> [Accessed 26 June 2020].

Maynard, M. (2011, February 09). The Children of Sex Workers: A "New" Vulnerable Population. Retrieved May 12, 2020, from https://ampglobalyouth.org/students/the-children-of-sex-workers-a-new-vulnerable-population/

Menen, R. (2007). Karma Sutra: Essays from the Margin: Encounters with Sex Workers, Drug Addicts, Hijras, Devadasis, and the Homeless and the Dispossessed on the Indian Street. Saga Books.

Ministry of Women and Child Development. (1998). Report of the committee on prostitution, child prostitutes and children of prostitutes. Retrieved from https://childhub.org/en/system/tdf/library/attachments/hmg_india_1998_report_and_.pdf?file=1&type=node&id=16433

Ministry of Women and Child Development. Annual Report 2014-15. Retrieved from https://wcd.nic.in/sites/default/files/AR2014-15.pdf

Mukherjee, K.K. & Das, D. (1996). Prostitution in metropolitan cities of India. Central Social Welfare Board.

National Human Rights Commission. Annual Report 2008-2009. Retrieved from https://nhrc.nic.in/sites/default/files/Final%20Annual%20Report-2008-2009%20in%20English_1.pdf

National Research Council. (2013). Confronting commercial sexual exploitation and sex trafficking of minors in the United States. National Academies Press.

Nunez, Susana & Loos-Sant'Ana, Helga. (2015). Self-concept, self-esteem and self-efficacy: The role of self-beliefs in the coping process of socially vulnerable adolescents. Journal of Latino/Latin American Studies. 7. 33-44. 10.18085/1549-9502-7.1.33.

Orth, U., & Robins, R. W. (2014). The development of self-esteem. Current Directions in Psychological Science, 23(5), 381-387.

Overs, C. (2002). Sex workers: part of the solution. Retrieved April 23, 2020, from https://www.who.int/hiv/topics/vct/sw_toolkit/115solution.pdf

Pajares, F. (2002). Overview of social cognitive theory and of self-efficacy.

Pajares, F. (2006). Self-efficacy during childhood and adolescence. Self-efficacy beliefs of adolescents, 5, 339-367.

Patil, A. (1999). Rehabilitation of Children of Prostitutes and Devadasis. Karve Institute of Social Service. Karvenagar. Pune.

Prerana (n.d). FAQs about Prerana and its Work. Retrieved March 28, 2020 from http://www.preranaantitrafficking.org/docs/FAQs%20about%20Prerana%20and%20its%20Work.pdf

Raevuori, A., Dick, D. M., Keski-Rahkonen, A., Pulkkinen, L., Rose, R. J., Rissanen, A., ... & Silventoinen, K. (2007). Genetic and environmental factors affecting self-esteem from age 14 to 17: a longitudinal study of Finnish twins. Psychological medicine, 37(11), 1625.

Reddy, D. (2018). Vulnerable groups in India. Telangana Today. Retrieved from https://telanganatoday.com/vulnerable-group-india

Roberts, B. W., Kuncel, N. R., Shiner, R., Caspi, A., & Goldberg, L. R. (2007). The power of personality: The comparative validity of personality traits, socioeconomic status, and cognitive ability for predicting important life outcomes. Perspectives on Psychological science, 2(4), 313-345.

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). Acceptance and commitment therapy. Measures package, 61(52), 18.

Rosenberg, M. (1965b). Society and Adolescent Self-Image. Princeton, NJ: Princeton University Press.

Rosenberg, M. (1976). Beyond self-esteem: The neglected issues in self-concept research. In annual meetings of the ASA.

Rosenberg, M. (1990). Reflexivity and emotions. Social Psychology Quarterly, 53(1), 3-12.

Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. American sociological review, 141-156.

Rubin, K. H., & Menzer, M. (2010). Culture and social development. Encyclopedia on early childhood development, 1-9.

Saksena,D. (2014). The Problems of Marginalized Groups in India. Academike:Article on legal issues. Retrieved from https://www.lawctopus.com/academike/problems-marginalized-groups-india/

Sarode. S,R. (2015). Historical Study of Prostitution Trade in India: Past and Present, Minor Research Scheme, University Grants Commission.

Schaffer, H. R. (2006). Key concepts in developmental psychology. Sage.

Shehzadi, N. (2017). Factors affecting the child's personality. Retrieved March 28, 2020, from https://medium.com/@ns.nimra.shehzadi/factors-affecting-the-childs-personality-d64a5d3e87d3

Sherer, M., Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The self-efficacy scale: Construction and validation. Psychological reports, 51(2), 663-671.

UNAIDS (2018). Country Fact sheets: India. Retrieved March 28, 2020, from https://www.unaids.org/en/regionscountries/countries/india

Unaids. (2017, June 2). Protecting the rights of sex workers. Retrieved April 27, 2020, from https://www.unaids.org/en/resources/presscentre/featurestories/2017/june/20170602_sexwork

UNICEF. (2016). The state of the World's children - A fair chance for every child.

Weber, A. D. (2001). Influence of Family Environment on Self-Esteem and Hostility.

Wickman, F. (2012). "Rush Limbaugh calls Sandra Fluke a "prostitute": Is prostitution really the world's oldest profession?". Slate Magazine. Retrieved April 23, 2020.

Wieringa, S. (2014). The Enforcement of Family in India and Indonesia. The Focus Newsletter. 62. Retrieved on 25 April, 2020.

Willis, B., Welch, K., & Onda, S. (2016). Health of female sex workers and their children: a call for action. The Lancet Global Health, 4(7), e438-e439. doi: 10.1016/s2214-109x(16)30071-7

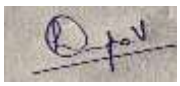
Wong, W. C., Holroyd, E., & Bingham, A. (2011). Stigma and sex work from the perspective of female sex workers in Hong Kong. Sociology of health & illness, 33(1), 50-65.

World Health Organization. (2013, June 24). Gender and women's mental health. Retrieved July 24, 2020, from https://www.who.int/mental_health/prevention/genderwomen/en/

World Health Organization. (n.d.). Gender. Retrieved July 25, 2020, from https://www.who.int/health-topics/gender

Young, C., Hanson, C., Craig, J. C., Clapham, K., & Williamson, A. (2017). Psychosocial factors associated with the mental health of indigenous children living in high income countries: a systematic review. International Journal for Equity in Health, 16(1). doi: 10.1186/s12939-017-0652-5

Zimmerman, B. J., & Cleary, T. J. (2006). Adolescents' development of personal agency: The role of self-efficacy beliefs and self-regulatory skill. Self-efficacy beliefs of adolescents, 5, 45-69.



Signature of the Research Scholar

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